

SURVEY OF CONSUMER FINANCES
PENSION PROVIDER COVERSHEET

1. PENSION PROVIDER INFORMATION ([] CORRECTIONS OR [] NO CHANGES)

PPID:
Name:
Address:
City, St Zip:

1a. LOOK AT THE HOUSEHOLD INFORMATION SHEET(S) AT THE END OF THIS QUESTIONNAIRE AND COMPLETE THE CHECKPOINT AT THE TOP OF PAGE 2; THEN RETURN TO QUESTION 2.

2. CALL TELEPHONE INFORMATION TO OBTAIN NUMBER OF PENSION PROVIDER AND RECORD HERE (INCLUDE AREA CODE):

PP Phone Number _____

3. Hello, my name is _____. I'm calling from the University of Michigan, in Ann Arbor, Michigan. May I verify that I have reached [pension provider name] at [address]? (CORRECT INFORMATION IN BOX 1, ABOVE, AS NECESSARY.)

4. Here at the University, we're currently working on a study of the various kinds of pensions available to American families. Would you give me the name, title, and telephone number of someone in your organization who is knowledgeable about pensions or retirement plans available to employees? (RECORD INFORMATION BELOW:)

NAME: _____

TITLE: _____

PHONE NUMBER: _____

Will you transfer me to [name of contact person]?

5. (My name is _____. I'm calling from the University of Michigan.) The Survey Research Center is conducting a nationwide study of the different pension plans offered to employees in various jobs. This study is being carried out for the Federal Reserve Board, the Department of Health and Human Services, the Department of the Treasury, and several other federal agencies.

We need your help in conducting a systematic study of the many types of pension plans offered. Of course, your cooperation is completely voluntary.

PPID:
Name:

5a. *****INTERVIEWER CHECKPOINT*****

1. PENSION PROVIDER AND EMPLOYER(S) LISTED
ARE DIFFERENT

> GO TO 7

2. PENSION PROVIDER AND EMPLOYER(S) LISTED
ARE THE SAME

5b. As an employer, do you provide the pension coverage for employees directly or is your plan administered by another organization - for example, an insurance company or a governmental unit?

1. DIRECTLY BY EMPLOYER

GO TO 7

2. BY OTHER PROVIDER

5c. Could you give me the name and address of that organization?

NAME: _____

ADDRESS: _____

5d. Do you have the name and phone number of a contact person there who knows about your company's pension plan or plans?

NAME: _____

TITLE: _____

PHONE#: _____

END INTERVIEW AND TAKE CASE TO SUPERVISOR.

PPID:
Name:

7. I need to know all the pension plan names and plan numbers (PN) that might cover employees in the following job(s). (First,) how about [EMPLOYER] at [LOCATION] - what pension plans would cover [JOB TITLE] there?

HHID:				JOB TITLE:			
				EMPLOYER NAME:			
				LOCATION:			
PLAN#		PLAN NAME				[] JOB NOT COVERED	

IF NO OTHER JOBS LISTED, GO TO 8

HHID:				JOB TITLE:			
				EMPLOYER NAME:			
				LOCATION:			
PLAN#		PLAN NAME				[] JOB NOT COVERED	

IF NO OTHER JOBS LISTED, GO TO 8

HHID:				JOB TITLE:			
				EMPLOYER NAME:			
				LOCATION:			
PLAN#		PLAN NAME				[] JOB NOT COVERED	

IF NO OTHER JOBS LISTED, GO TO 8

PPID:
Name:

8. We would like to obtain a Summary Plan Description, sometimes called an SPD, for all the pension plans in our survey. Will you please send us the most recent SPD for (the/each) plan we talked about?

1. YES	2. WRITTEN REQUEST NEEDED	5. NO
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9. Please mail these materials to:

Pension Study
Survey Research Center
P.O. Box 1248
Ann Arbor, MI 48106-1248

We ask that you use this exact address to ensure that the materials reach us.

10. Would you tell me why you won't send us the SPD(s)?

GO TO 12

11. To help identify the SPDs as they arrive here, we need the employer identification number (EIN) you use when filing pension provider information with the government. (IF NEEDED FOR EXPLANATION: This number consists of 2 digits, a dash, and 7 more digits, and is assigned to an organization for tax purposes. For example, the EIN for the University of Michigan is 38-6006309.)

PENSION PROVIDER
EMPLOYER IDENTIFICATION NUMBER (EIN):

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12. INTERVIEWER CHECKPOINT:

1. PP IS ALSO THE EMPLOYER	2. PP IS NOT THE EMPLOYER	-> GO TO 22
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13. I would like to finish this interview with a few questions about health insurance. Does your company offer any sort of health plan for employees?

1. YES	5. NO	8. DK
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GO TO 21

14. Is there only one plan, or are several plans available?

1. ONLY ONE PLAN	2. SEVERAL PLANS	8. DK
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PPID:
Name:

15. (Is this plan/are any of these plans) available exclusively to any of the following groups: executives, unionized workers, other salaried or hourly employees, or other types of employees? [CHECK ALL THAT APPLY]

A. EXECUTIVES

B. UNIONIZED WORKERS

C. OTHER SALARIED/HOURLY EMPLOYEES

D. OTHER TYPES OF EMPLOYEES

E. AVAILABLE TO ALL GROUPS;
NO EXCLUSIVE PLAN(S)

DK → GO TO 17

16. We also want to know approximately what percent of employees in these groups actually participate in the(se) plan(s).

16a. First, executives - what percent participate?

_____ % 96. ALL/ALMOST ALL 97. NOT COVERED 98. DK

16b. Next, unionized workers (- about what percent participate in the plan(s))?

_____ % 96. ALL/ALMOST ALL 97. NOT COVERED 98. DK

16c. Next, other salaried or hourly employees (- about what percent participate in the plan(s))?

_____ % 96. ALL/ALMOST ALL 97. NOT COVERED 98. DK

16d. Next, any other types of employees you may have (- about what percent participate in the plan(s))?

_____ % 96. ALL/ALMOST ALL 97. NOT COVERED;
NO OTHER WORKERS 98. DK

17. (Finally, to get an overall measure,) about what percent of the total workforce actually participate in (this/one of these) health plan(s)?

_____ % 96. ALL/ALMOST ALL 98. DK

PPID:
Name:

18. Is a written description of the plan(s) made available to employees?

1. YES

5. NO

8. DK

NEXT PAGE, Q.20

19. From what person in your company can that description be obtained?
(ASK FOR INDICATED INFORMATION IF PERSON IS NOT RESPONDENT.)

1. FROM THIS RESPONDENT

2. FROM SOMEONE ELSE

(NAME): _____

(TITLE): _____

(PHONE NUMBER): _____

20. Does your company offer any other kind of (cash) reimbursement to employees for health care expenses?

1. YES

5. NO

8. DK

21. Aside from any day care that is provided by your company itself, does your company offer any kind of (cash) reimbursement to employees for expenses for child care, elder care, or other such care?

1. YES

5. NO

8. DK

22. Thank you for your help. Those are all the questions I have for now. We look forward to receiving the Summary Plan Description(s) for your pension plan(s).

END CONTACT - CODE 01